



Authorization Agreement for ACH Automatic Payment

Customer Information

Your Name _____
As it appears on your bank account

Mailing Address _____ City _____

State _____ Zip _____ Phone _____

Service/Account Address (if different from above) _____

Utility Account # _____

Financial Institution Information

Financial Institution's Name _____

Checking ABA Routing # _____ Checking Account # _____

Address _____ State _____ Zip _____

Phone # _____

Note: You must provide a voided check with this application for processing.

Authorization

I hereby authorize the City of Lebanon to initiate debit entries to my (our) account indicated above. This authority is to remain in full force and effect until written notice from me has been received by the company in such a manner as to afford reasonable time to act on it.

Date _____ Signature _____

The City reserves the right to discontinue ACH payments should two payment transfers be denied due to insufficient funds in the customer's checking account.